FOR STATE HEALTH DEPT. TO POLITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death by delay is necessary, please execute the certificate, writing the word "pending" in pencil in hem 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the state Board of pentile or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

TIZIY MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	11206
1. PLACE OF DEATH B. COUNTY CAROLT WE MARYLAND	2. USUAL RESIDENCE (Where dacesed lived, If institutions as SMF DRU LAND b. COUNTY)	RULDNE
b. CITY OR TOWN (if outside corporata limits, with RVRAL and give nearest town)	c, CITY OR TOWN (I outside corporate limits, write RURAL and	d give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	16. STREET ADDRESS 518 G-A9	o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED RACHEL ADELADOL	BOSTON DEATH OCT /	6 19 61
WIDOWED DIVORCED	DAIN 4, 10 1/10 4 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dona daring most of working lifa, evan if retirad)  10 WSE WAFE DOME	MARGIAND	IZEN OF WHAT COUNTRY?
So LOMON JACKSON	14. MOTHER'S MAIDEN NAME APPRETETT ROS	5
15. WAS DECEASED EVER IN U.S. ARMED FORCES? [Yas, not of Universal   (Ifyasgiva war or datas of servica)   16. SOCIAL SECURITY NO.   17.	LOYD BOSTON BN	TON, MD
PART I. DEATH WAS CAUSED BY: A PLY TAY SINE	Wear Wissase	ONSET AND DEATH
Conditions, if any, which (b)		
gave rise to immediate cause (a), stating the underlying cause last. (c)	W. Carlotte and Ca	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTIONS TO DEATH BUT NO CONTRIBUTIONS TO DEATH BUT NO CONTRIBUTIONS TO DESCRIBE HOW INJURY OCCURED.  208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH.	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	(Enter nature of injury in Part I or Part II of item 18.)	
	ACE OF INJURY (Homa, farm, 20f. (City or town) (Courtory, streat, office bidg., etc.)	nty) (Stala)
21. I certify that I took charge of the remains described above, he death resulted from: Natural causes . Accident . Suite	cide Homicide , Undetermined manner	and in my opinion
ACTUAL SIGNATURE Dawson & George	CHIEF MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S ROWS ON O CLEVE TO THE TERM OF CEMETERY O	DEPUTY MEDICAL EXAMINER DE TO TO THE TOTAL OF THE TOTAL PROPERTY O	1018.196
(BURSTOL OCT 19, 1961 SPRONG	ROVE DEN TON	MO
23 TUNERALORS TOR MOVE SON PETON	The OCT 23 '61 Outhur 2.	Kraus

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	11610		CERTI	FICATI	OF DEAT	Н		Reg. Dist. No	. 1120
a. COUNTY	Careline		MARY	li .	USUAL RESIDENCE (W. o. STATE	- A	red, If institution b. COUNTY	-	ore odmission) •line
b. CITY OR TOWN	(If outside carporate limi	its, write c.	LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF			-	earest town)
	alsburg. R	· F.	D 68 v	- X	Fede	ralsbu	rg, R.	F. D.	
	PITAL (If not in hospital, a			1	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Fi	illie	Middle	Cave	lost	4. DATE OF DEATH	Oct.	h [	Year 19 <b>61</b>
i. sex	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	ED   B. D/	ATE OF BIRTH	377	AGE (In years last birthday)	Months Days	R IF UNDER 24 HR Hours Min.
Oa. USUAL OCCUPA during most of w	TION (Give kind of work orking life, even if retired	)	OF BUSINESS OF THE PROPERTY OF		11. BIRTHPLACE (Stole		try]		S. A.
3. FATHER'S NAME	liam Caver		2 000	14	Mariah C	NAME		<u>.</u>	4 444
5. WAS DECEASED E	VER IN U. S. ARMED FOR	CES? 16. SO	CIAL SECURITY NO	INFO	MANT		Addr	ess	OT ET CI
Yes, no, or unknown)	(If yes, give war or dates of s		ne	Mr	a. Lawren	nce Tri	bbett	Federa	laburg
15	IMMEDIATE CAUSE (c		arcin	V0774	general	That	MO		3 moon
Conditions, if gave rise to couse (a), static lying cause los	ony, which (bimmediate and the under-		ANCH	wy	g est	THE	ALO.		3 Mill
gave rise to couse (a), stationallying cause los	ony, which immediate DUE TO		ARCHUMATRIBUTING TO DE	ATH BUT NOT	RELATED TO THE TERM	MINAL DISEASE CO	ONDITION GIV	EN IN PART I(a)	PERFORMED?
gave rise to couse (a), stationallying cause los	ony, which immediate and the under to	DITIONS CON			RELATED TO THE TERM			EN IN PART I(a)	PERFORMED?
gave rise to couse (a), static lying cause lo:  PART II. C  20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOTI	DUE TO ony, which immediate ng the under- st.  OTHER SIGNIFICANT CON WAS UNDERLYING CAUSE OF DEATH! FY MEDICAL EXAMINER) URY Month, Day, Ye n.	DITIONS CON	BE HOW INJURY O	CCURRED. (Er		Part I ar Part II	of item 18.)	EN IN PART I(a)	PERFORMED? YES NO
gave rise to couse (a), static lying cause lo:  PART II. C  20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI)  20c. TIME OF INJ Hour o. n p. n  21. I certify	DUE TO ony, which immediate ng the under- st.  OTHER SIGNIFICANT CON WAS UNDERLYING CAUSE OF DEATH! FY MEDICAL EXAMINER) URY Month, Day, Ye n.	20b. DESCRII  20b. DESCRII  While at wark	BE HOW INJURY O	20e. PLACE (factory,	of INJURY (Home, for street, office bldg., et	m, 20f. (City or	af item 18.) tawn)	(County	PERFORMED? YES NO.
gave rise to couse (a), static lying cause lo:  PART II. CO  20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTION Hour on more contribution)  20c. TIME OF INJ. Hour on more contribution in the contribution in t	DUE TO Only, which immediate and the under of the under o	20b. DESCRII  20b. DESCRII  While at wark	BE HOW INJURY O	CCURRED. (Er	of INJURY (Home, for street, office bldg., et	m, 20f. (City or	tawn)	(County	PERFORMED? YES NO
gave rise to couse (a), static lying cause los PART II. CO PART II. CO PART III. CO	DUE TO Only, which immediate and the under of the under o	20b. DESCRII  20b. DESCRII  While at wark	BE HOW INJURY O	20e. PLACE (factory,	of INJURY (Home, for street, office bldg., et	m, 20f. (City or	tawn)	(County	YES NO
gave rise to couse (a), static lying cause los PART II. CO OR CONTRIBUTION (IF EITHER, NOTION P. IN P.	DUE TO Only, which immediate and the under of the under o	DITIONS CON  206. DESCRI  ar 20d. INJU While of work [ deceased 19.	BE HOW INJURY O	20e. PLACE of factory,  death accommunity of the community of the communit	DF INJURY (Hame, far street, office bldg., electrons of the land)	Part I ar Part II  m, 20f. (City or Ic.)  ADDRESS (Street  LUCK  22d. LOCATION	tawn)	(County)	PERFORMED? YES NO
gave rise to couse (a), startil lying cause los PART II. CO PART III. CO PART II. CO PART III. CO PART III. CO PART II. CO PART III. CO	DUE TO Only, which immediate and the understand of the understand	DITIONS CON  206. DESCRI  ar 20d. INJU While of work [ deceased 19.	IRY OCCURRED Not white of work from that	20e. PLACE of factory,  death accommunity of the community of the communit	of INJURY (Home, for street, office bldg., electrical at 1211	Part I ar Part II  m, 20f. (City or Ic.)  ADDRESS (Street  LUCK  22d. LOCATION	af item 18.)  tawn)  causes and city or tawn, or City, tawn, or Ci	(County)	PERFORMED? YES NO.  No.  (State)  No.  (State)  R • F • 1

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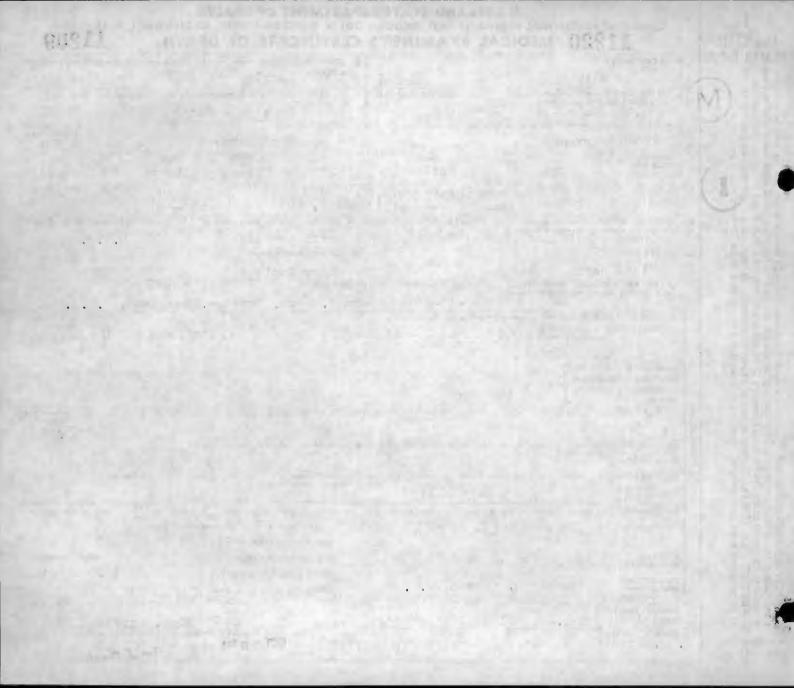
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 11219 Reg. Dist. No. director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND the funeral should be fi b. CITY OR JOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give megrest sours ofter d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 YES NO D NAME OF 4. DATE OF DEATH Middle Manth Year Day DECEASED Pages (Type or print) 19 6 6. COLOR OR RACE 7. MARRIED THEYER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH 9. AGE (in years last birthday) Months Days complet WIDOWED [ DIVORCED | papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stale or foreign country) during mont of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? corbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EORGE ARROL certificate hours гетоме IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT offending 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN 7 PART I. DEATH WAS CAUSED BY: WOME MOS that DUE TO ģ permit. Conditions, if ony, which gave rise to immediate DUE TO couse (a), stoting the underand lying couse lost. burial-transit PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? certificate has YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc. O. ft. While Not while 19 of work of work 21. I certify that I attended the deceased from. 1961 that I last saw the deceased 30AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE pinous PHYSICIAN'S NAME (Type) m 22g. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d-LOCATION (City, town, or county) (Stote) REMOVAL (Specif 33: FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE OCT 1 3 '61 VS A15 (4) 15M 9/55 1100 572 Christing S. Henry

THE RESERVE OF THE PARTY OF THE 

## FOR STATE TO SEDITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after deals... any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11220 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
11209

	e. COUNTY	1.1				e. STATE		CE (Where dec	b. COUN	ITY .	_		imission)
		oline			YLAND			yland		Lar	olin		
$\langle \mathbf{I} \rangle$	write RURAL and	oulside corporete limits give neerest town)	5,	e. LENGTH OF ST	AY IN 16	CITY O		If outside corpo		RURAL end g	live neen	est town	1)
		- Rural		20 yea				ston -	Rural				
1		AL OR INSTITUTION (if	not in hos	pital, give street edo	(ress)	d. STREET	ADDRESS				0		SIDENCE FARM?
	Near	Harmony				/	Nea	ir Harmo	ny		Y	ES .	
3.	NAME OF DECEASED	First		Middle		Last		4. DATE	Month		Dey	Yeer	
1	(Type or print)	Fred		Charles		Hart		DEATH	Octob	er 2	4	19	51
5.	. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRI	ED 8.	DATE OF BIRT	H	9.	AGE (In years		m-man	UNDER :	
	Male	White	WIDOWE			June 7,	1909		52 yrs.	Months De	ys H	ours	Min.
	e. USUAL OCCUPATION		10b. K	IND OF BUSINESS O	R INDUSTR	Y 11. BIRTHPL	ACE (Stete	or foreign cour	ntry)	12. CITIZE	EN OF W	HAT CO	DUNTRY
di	one during most of world	of Midlanti	c Met	al Fabric	ators	Nort	h Car	olina		11	S.A.		
13	B. FATHER'S NAME				0.0010	14. MOTHER'S					marra.		
	Floyd H	laxt				_							
15	. WAS DECEASED EVE		TES7   16.	SOCIAL SECURITY I	VO   17 T	NFORMANT	a Dav	15	Address				-
	es, no, ar unkown)   (lf)		rvice)					700					
	No	A SE ABOUT FO		18-16-880		ora B.	Hart,	Presto	n, Mary	land,			
		WAS CAUSED BY:				3		1/2	j		INTERY	AL BETY	
		MMEDIATE CAUSE (e)_	1/10	issive	Car	eliese	D. 7	+ dine	77/10	ephon !	Yeur	ulles	rill
	33	DUE TO											
	Conditions, if eny,	which (b)											
	gave rise to immedia	DHE TO											
	cause last.	derlying (c)											
Z	PART II. OTHER	SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEA	TH BUT NO	T RELATED TO	THE TERMI	NAL DISEASE C	ONDITION GIV	EN IN PART 1	e) 19. \		
F											YES	PERFOR	NO I
CERTIFICATION	20e. EXTERNAL CAL	USE WAS 20	b. DESCRI	ISE HOW INJURY O	CCURED, (E	nter neture of in	jury in Per	t I or Pert II of i	item 18.)		1		
CER	PRIMARY OF CON	TRIBUTING											
A	20c. TIME OF INJUR	Y Month, Day, Yee	1 20d.	INJURY OCCURRED	20e. PLA	CE OF INJURY (	Home, fern	n, 20f, (City	or town)	(County	/)	15	State)
MEDICAL	Hour e.m.		While	Not While		ory, street, office				,,	,	15	,
×		19	el wor		1 - 1 - 1	1 - A-A	ren		71				
		at I took charge of		_			12.0	Inspection		- Here	and in	my op	inion
	death resulted fr	om: Natural cau	ıses [,	Accident	, Suici	de 🔲 H	omicide	U, Und	etermined m	anner			
		1	a	la		CHIEF	MEDICAL	EXAMINER					
-	ACTUAL SIGNATURE	Nausoe	10	leasing	R	_M.D. ASSIS	TANT MED	ICAL EXAMINE	R		DAT	E SIGN	VED
	EXAMINER'S	**				DEPUT	Y MEDICA	L EXAMINER	et	10	0-26.	-196	1
	NAME (Type)	Dawson	G. Ge	orge, M.D	•	Addre	ss (Street,	city, town, or co	ounty) Den	ton, Ma	aryl	and	
22	REMOVAL (Specify)	N. 225. DATE THEREC	OF	22c. NAME OF CE	METERY OR	CREMATORY		228, LOCATI	ON (City, town,	or country)		(State)	
	Burial	Oct. 27,1	961	Junior (	Order	Cemeter	rv	Near :	Preston	. Marvl	land		
23	3. FUNERAL DIRECTOR	t	-	ADDRESS			24e. REC	'D BY REGISTRA					
	J. J. Framp	Lom and Soi	n, re	deralsbur	g, Mai	ryland	DATE	730'61	~ ·	Thun 8 to	****		
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The law	as been s burial-tra ial, crema	
IAN:	as the	
HYSIC a hosp	or use	
N S S S S S S S S S S S S S S S S S S S	fter thi ched f Health	
ENDI	OR: A se defa apt. of	
ATT	ECT ould b	
OR	3 Short	
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be end within 24 hours after the law be retained by the hospital or attending physician.	TO TUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	
	direct	
H	H	

VR A15 (4) 15M 9/60

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11221 CERTIFICATE OF DEATH
11210 11221

11-						
	. PLACE OF DEATH	7				institution: Residence before edmission)
L	Car	roline	MARYLAND	. STATE Mar	yland b. coun	"Y Caroline
	b. CITY OR TOWN (if outside corp write RURAL and give neares)	orete limits, town)	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (	f outside corporete limits, write	RURAL end give nearest town)
	Greensboro		6 Month		ville	
1	d. NAME OF HOSPITAL OR INSTIT	TUTION (if not in hosp	ital, give street eddress)	d. STREET ADDRESS		IS RESIDENCE     ON A FARM?
	Cahall Nursing	Home			None	YES NO
3	. NAME OF	First	Middle	Last	4. DATE Month	Dey Year
	Type or print)	tie	Davis	Vootte	OF DEATH	00 19 61
1	5. SEX   6. COLOR C	OR RACE   7 MARRIET		Knotts DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEART IF UNDER 24 HRS.
ı	T .				lest birthdey)	Months Days Hours Min.
-	F'emale Wh	ite WIDOWE	ND OF BUSINESS OR INDUSTR	6-30-1870	ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, eve		10 O1 003114633 OK 1140031X			
	Housewife	I	lone	1	land	U:S.A.
	13. FATHER'S NAME	77 T		14. MOTHER'S MAIDEN		
1		H. Davi	.S	Annie	M. Walls	
4	15. WAS DECEASED EVER IN U.S. AR (Yes, no, or unknown)   (Ifyesgive wero	MED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	Address	
	No	21	.6-40-463B M	rs. Amous	Wyatt Maryd	el, Maryland _
=	18. CAUSE OF DEATH [Enter	only one cause per li	ne for (a), (b), end (c).]			INTERVAL BETWEEN
L	PART I. DEATH WAS CAUS	ED BY: AUSE (e)	Cerebra	1 Hemorrha	re	ONSET AND DEATH
	331X	DUE TO				
	Conditions, if eny, which	(Б)	Advance	d Generali:	med Arterios	clarogis
П	geva rise to immediate cause	DUE TO				
Т	(a), steting the underlying couse lest.	(a)				
1	Z PART II, OTHER SIGNIFICAN	T CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(e) 19. WAS AUTOPSY
	PART II, OTHER SIGNIFICAN  OF CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF C		Fracture of	Femur		PERFORMED?
	200. ACCIDENT WAS UNDERLY		CRIBE HOW INJURY OCCURED		Pert I or Pert II of item 18.)	
		AMINER)				
	20c. TIME OF INJURY Month.	Dey, Yeer 20d. I While	Not Whila fact	CE OF INJURY (Home, form ary, street, office bldg., etc.	, 20f. (City or lown)	(County) (State)
	21. I certify that (I) (this	.,		June 1	19 59 to Oct.	22, 1961, that (I) (we) last
	21. 2 Certify Hal (i) (iii)	- Oct. 2	1067 and the			and on the date stated above.
	22e, SIGNATIORE	The state of the s	Thum.17. Makey and mai	Geath Occured at. t.	Title Conses	22b. DATE
	220. 61019	1/2/2/	. /	D14140 [70] D	AED. STAFF	10-24-61
1	22c. PHYSICIAN'S	A OA OKO	esyce "	D. PHYS.	THIS. L	10-54-01
	NAME (Type) harle	B H. Sto	nelid n W.D		boro, Md.	
-	23a. BURIAL, CREMATION, 23b. D	-	23 NAME OF CEMETERY		23d, LOCATION (City, tox	wn or county) (State)
ľ	REMOVAL (Specifix)	-24-61	Templevil	le		lle, Maryland
1	FUNERAL DIRECTOR'S SIGNATUL	RE Q	ADDRESS	25a. REC	'D BY REGISTRAR 256. REG	GISTRAR'S SIGNATURE
	J. E. Boulaw	y Liee	usboro, m	d. DOBT	2 6 '61 anily	a & Thomas
-	7					

HARTT of Floreding a residency that 11222

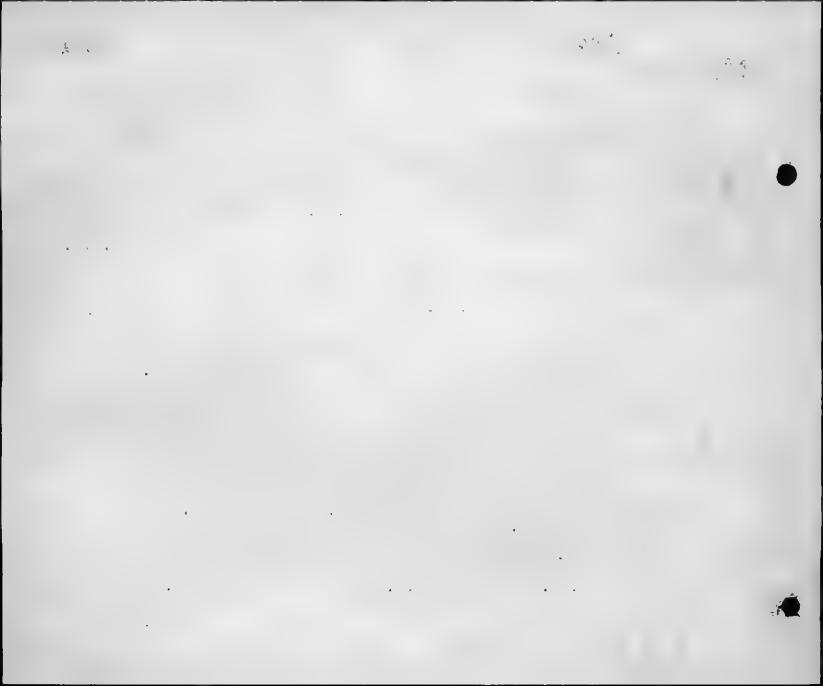
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1799 CERTIFICATE OF DEATH

1211

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where dacassed lived, if institution: Residence before edmission)
C = /	LAND Maryland Caroline
b. CITY OR TOWN (if outside corporata I m Is, write RURAL and give nearest lown)	
Greensboro d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add	d. STREET ADDRESS  Greensboro  on a farm?
Collins Nursing Home	IJONE YES NO.
3. NAME OF First Middle DECEASED (Type or print)	OF DEATH
5. SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIE	15 19 61  8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Hours   Min.   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if refired)  DIVORCI	D 11-26-1880 80 Yes.
Tiaboroe None	Laryland U.S.A
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY N	
18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and	80 William Linner Greensboro, Laryland
PART I DEATH WAS CAUSED BY.	namy Disease Onset and Death
4201 DUE TO	·
Conditions, if any, which \ (b)	plantic Jallov cult Dia
gave rise to immediate cause DUE TO	
(a), staling the underlying causa last.	
	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	PERFORMED?
Vin Requir	tony Infestion YES NO [
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  V117 7 7 20 20 20 20 20 20 20 20 20 20 20 20 20	OCCURED. (Entar natura of injury in Part I or Part II of Item 18 )
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While at work at work at work	20a. PLACE OF INJURY (Home, farm, '20f. (City or town) (County) (State) factory, street, office bldg., atc.)
	d from 19.0, to Co. 19.0, 19.0, that (I) (we) las
	and that death occured a A.M. from the causes and on the date stated above
Clearles H Stonesife	ATTENDING MED. STAFF PHYS DIRECTOR PHYS.   22b. DATE SIGNED
222 PHISICIAN'S NAME (Type) Thosa. H. Stangaiffan, M	D. Green Ting, III.
REMOVAL (Spacify)	EMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
10-18-51 Gree	nsboro Greensboro, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
J. C. Gerlan & senil -	1 Met 0.0CT 19'61 aring & thous

15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

physician and campletely filled in by the funeral director, emove carbon papers. Pages I and 2 should be filed with nisit permit Then please remove carbon papers. Pages 1 or remaval, and in any event, within 72 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending page 3 should be detached for use as the burial-transit permit. Then please re the State Board of Health prior to burial, cremotion, or remayol, and in any every the State Board of Health prior to burial, cremotion, or remayol, and in any every the State Board of Health prior to burial, cremotion.

A hours ofter death. Page 4

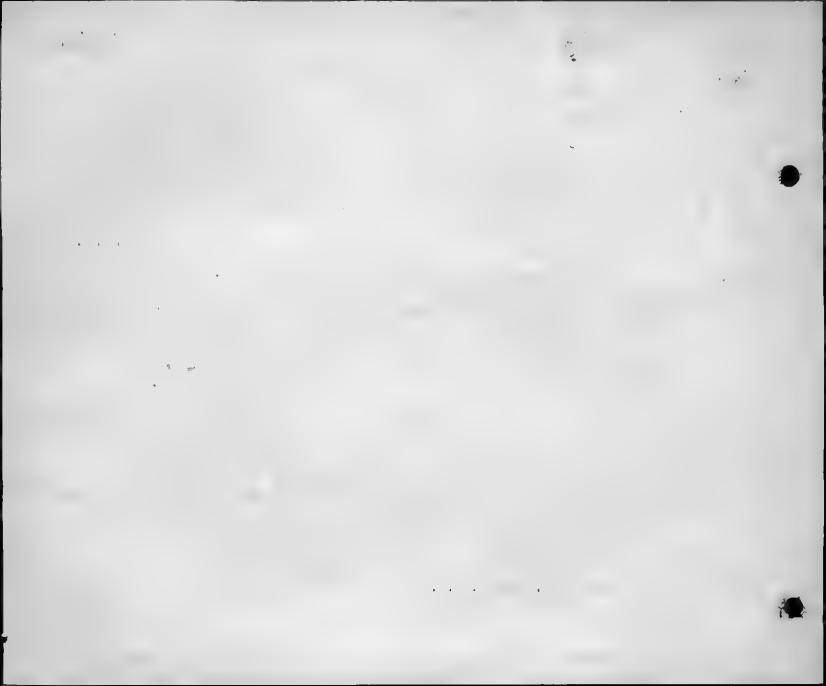
MTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

0 VR A15 (4) 15M 9/59

. 1	1223	CERTIFICA	TE OF DEATH	MARILAND	11212
1. PLACE OF DEATH o. COUNTY	aroline	MARYLAND	2 USUAL RESIDENCE (Where decease of STATE Maryland	sed lived. If institution, Reb. COUNTY	esidence before admission) Caroline
RURAL and give no	f autside carporate limits, wr earest tawn) Bderalsburg	te c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside con		and give nearest town)
	At (If not in hospital, give st M. Main Stre		d. STREET ADDRESS 204 Academy	Avenue	e. IS RESIDENCE ON A FARM?, YES NO
3. NAME OF DECEASED (Type or print)	Mildred	Middle	Lost 4. DATE OF DEAT	0 - 1 - 1	Day Yeor 25 1951
Female	779 4 4	MARRIED NEVER MARRIED	B. DATE OF BIRTH  June 15, 1905	lost birthdoy) Ma 56 yrs.	nths Doys Hours Min.
during most of worl	ting life, even if retired)	106 KIND OF BUSINESSORIND Caroline Co.Publ			2. CITIZEN OF WHAT COUNTRY U.S.A.
13 FATHER'S NAME	Minos Morris		14. MOTHER'S MAIDEN NAME Marv	B. Smith	
	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		INFORMANT Irs. Mary B. Morris	Address	ourst. 1sd.
gove rise to i couse (o), stoling lying cause lost.  PART II OTH	the under- DUE TO (c)	INS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISE.	ASE CONDITION GIVEN I	N PART 1(o) 19. WAS AUTOPS PERFORMED? YES NO
(IF EITHER, NOTIFY	S UNDERLYING   20b.	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in Part I or P	art II of stem 1B )	
ZOC TIME OF INJUR Hour a. m. p. m.	, a W		PLACE OF INJURY (Hame, farm, 20f (Cactory, street, affice bldg., etc.)	ity or town)	(County) (Stot
saw the deceas			1936 19 , to death accurred atM, from		n the date stated above
220 SGNATURE	Emant II	aderson	M.D PHYS NO DIRECTOR [		22b, DATE SIGNE 10-28-61
NAME (Type)  23a. BURIAL, CREMAT C REMOVAL (Specify)	N. 23b DATE THEREOF	Anderson M. D.		ATION (City, town, or co	. ,
24 FUNERAL DIRECTOR	S SIGNATURE	ADDRESS Tederalshurg, "	25a. REC'D BY REG	cralsburo ISTRAR 256. REGISTRA 161 Carlos	r's signature of L. Have



7 1	Ιt	ems_18=21	Film 305	MARYL	AND STATE	DEPARTMENT	OF HEALT	Н		
*		Division	STATISTICA	L RESEARC	H AND RECORD			BALTIMORE 1,	MARYLAND	
FOR STATE	-		ALL M	EDICAL	EXAMINER	CERTIFICA	TE OF D	EATH	11513	
HEALTH DEPT.		PLACE OF DEATH				2. USUAL RESIDEN	CE (Whare deces	sed livad, If institution	Ros dance before admission	on)
Sary Sary		Caro			MARYLAND	Lary	yland	b. county Cal	roline	
T T T			outside corporate l'e g ve naarast town)	m,†s, c.	LENGTH OF STAY IN 16	X		a lim Is, wr ta RURAL a	and giva nearest town)	
in do by	ır	OTOG	nsboro	400	(1		Ridgel;	У	ic Breibri	105
for de	,	d. NAME OF HOSPITA	**	(if not in hospital,	give straat addrass)	d. STREET ADDRESS			1S RESIDEN     ON A FAR	M?
y de une une une de la	3.	NAME OF	one	s†	Middle"	None	4. DATE	Month	Tes NO	ΔĬ,
the fine Sine Sine Sine Sine Sine Sine Sine S		DECEASED (Type or print)	ART		711444	PITT S	OF DEATH	October	30. 1961	
be the			6. COLOR OR RAC		NEVER MARRIED	B. DATE OF BIRTH	]9. A	GE (In years   IF UNDE		RS.
dea nd 3 will		Male	Colored	WIDOWED	DIVORCED [	6-3-1919		st birthday) Months	Days Hours Min	1.
2, a 5		USUAL OCCUPATIO	ON (Giva kind of wo		OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State			ITIZEN OF WHAT COUNT	RY?
urs as 1, Page		aborer C	hicken I			Maryla	and	I	J.S.A.	
Page A3. I	13.	FATHER'S NAME				14. MOTHER'S MAIDEN				_
2 9 Z O Z		0	thur Pit				Llie M.	Cooper		
15 For 15 F	15. (Ye	WAS DECEASED EVER , no, or unkown)   (If)	k IN U.S. ARMED FC vasgiva warordataso	fsarvica)	IAL SECURITY NO. 17			Address		
ed vith vith serm	-	210	W PRINT LE			oretha Dob	son-Ric	igely, Ma		
in by very sit position in the very sit positi		18. CAUSE OF DE	WAS CAUSED BY:			7 1			ONSET AND DEATH	
e ex alo alo fran		902	MMEDIATE CAUSE (8		ranio-cere	ral <u>inj</u> urie	ş		-	_
lld b ffice ffice rrial-		Conditions, if any,	DUE TO							
should be one of the o		gava risa to immedie	le ceuse							_
ndin iner d as		(a), stating the un-	danking	:)						
"pel "pel xam usec ion,	N N	PART I OTHER		-	UTING TO DEATH BUT N	OT RELATED TO THE TERM	NAL DISEASE CON	NOTION GIVEN N PA	RT 1(a) 19. WAS AUTOP	
s ce ord ord The	ICATION								YES NO	
ould ould	RTIFIK	208. EXTERNAL CAL	JSE WAS	2Db. DESCRIBE H	OW INJURY OCCURED.	Entar natura of injury in Pa	rt I or Parl II of ita	m 1B.)		
TEM TO SEE THE THE THE THE THE THE THE THE THE T	T CE	CAUSE OF DEATH.				by unknown				
Chie	3	20c. TIME OF INJUR	bout Day, Y	ear 20d INJU Whila	RY OCCURRED 2De PLA Not While Foult	ACE OF INJURY (Homa, fare	m, 2Df. (City or	town) (Co	ounty) (State)	
the the lord	MEDI	7 p.m.	10/26/01%	// // //	* work   Sitt	ing in car	Hural		Caroline	
ifica fica fica fica fica fica fica fica					described above, h		Inspection		and in my opinion	n
Cent Cent Cent Cent Cent Cent Cent Cent	-	death resulted fr	om Natural (	causes	Accident Suic	ide		ermined manner [		
the Dirays	-	ACTUAL	(18 mas D)	88	2.1.1		DICAL EXAMINER		DATE SIGNED	
V V v v v v v v v v v v v v v v v v v v		SIGNATURE _	Juney	0 / /	uncer_	M.D. DEPUTY MEDICA	,			
exe Id b Id b Id b Id b		EXAMINER'S R	ussell S.	Fisher,	M.D.		c'ly fown, or cour	nhy)	10/31/61	
shour FUT	220	BURIAL, CREMATION		_ 1	NAME OF CEMETERY O			(City, town, or count	ry) (State)	
0 g 4 0 9		Burial	11-3-	-61   I	Roseville			Ridgely,	Maryland	
VS. A15ME	23.	FUNERAL DIRECTOR	0. 8	0	ADDRESS			24b. REGISTRAR'S	SIGNATURE	
SM 9160	1	6. / Lou	lees of	reensl	ozo Med	DATE	YOV 3 '61	arthug	S. House -	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND	SIAIE	DEPAKIN		UF	REALI

H DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11990

_	12660						11111
	PLACE OF DEATH		2. USUAL RESIDI	ENCE (Where do			e betole admission)
	caroline	MARYLAND	e. STATE	aryland	b. COUN	Caro	line
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 15	c. CITY OR TOW	N (II outsida corp	orate limits, write	RURAL and give r	naarast fown)
	write RURAL and give nearest town)	50 Yrs.	Ridge	ely			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in I	hospital, giva straet addrass)	d. STREET ADDRE				a. IS RESIDENCE
	None			None			YES NO
	NAME OF First	Middle	Last	4. DATE	Month	Day	Year
	(Type or print) Dr. Frank	Whilmore Ta	ylor	OF DEATH	10	24	19 61
5.	SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 1 8	. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	7.7 7 7 7777 6 1	-25	3-8-1888		73yrs.	Months Days	Hours Min.
	. USUAL OCCUPATION (Give kind of work   10b	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (C	ounty & State, or	foreign country)	12. CITIZEN O	F WHAT COUNTRY
	na during most of working life, aven if retired)	Datimad	D	_		77 0	
Authorities.	Veterinarian	Retired	Penr			1 0.5	.A.
13.	FATHER'S NAME		14. MOTHER'S MAID	EN NAME			
	Frank W. Taylor		Elean	ore Wa	tson		-
	WAS DECEASED EVER IN U.S. ARMED FORCES?   1 s, no, or unknwn)   (Ifyasgiva war or dales of service)	16. SOCIAL SECURITY NO. 17. 1	NFORMANT		Address		
	Yes WW1	None E	lenaore C	hoogam	Prest	-an Ma	rvland -
	18. CAUSE OF DEATH [Enter only one cause pe	ar line (or (a), (b), and (c),]	Temaore o	TEEVIM	1,1,551	INT	ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:		6			ON	SET AND DEATH
	IMMEDIATE CAUSE (a)	racture. I hu	m-60)/	5 -		21	OHRS
	260X DUE TO /	0		10 mles	Jew S.	-h-	110
	C 195 - V	The aliece	1 Wither	osele.	2: 1	-	· reas
	gava risa to immadiata cause (b)				W 74.73		
	(a), stating the underlying DUE TO	Dr. No To -	melle				18a
	causa last.	Just our Es	MERCE	-5-			1
z.	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART I(a)   1	9. WAS AUTOPSY
OF.	7	HU. V.					PERFORMED?
S		, we s u g .				1	ES NO
CERTIFICATION	208. ACCIDENT WAS UNDERLYING   20b. C OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	. (Entar natura of injury	in Part I or Part II	of itsm 18,)		
X	20c. TIME OF INJURY Month, Day, Year   20	d. INJURY OCCURRED   20a. PLA	CE OF INJURY (Home,	form,   20f. (City	or lown]	(County)	(Stata)
MEDICAL	Hour a.m. Wi	HIGH TANK ALTERNATION	ory, straat, offica bldg.,	etc.)			
M	p.m. 19 at v	vork at work			10	- 11	
	21. I certify that (I) (this hospital) att	ended the deceased from.	may	- 390 to.	400.	190 ( , 1	nat (I) (we) la:
		1961, and that		.2A.M, from	the causes	and on the da	
	22a. SIGNATURE	TT-	ATTENDING	MED.	STAFF		22b. DATE SIGNE
	Claromica	M	LD. PHYS.	DIRECTOR	PHYS.		
	22c. PHYSICIAN'S NAME (Type)	DAGOTT	22d, ADDRESS	DGE	L4.2	nd-	
236	BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOC/	ATION (City, low	n or county)	(Stata)
	REMOVAL (Specify)	Roxanna		Sell	ovville	. Delay	ware
	Burial 10-27-6	1	100		9	ISTRAR'S SIGNAT	
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	70 4			ID TRAKES SIGNAT	UKE
	+ G. Soulars	resistors.	Mel . DATE	OCT 3 0 '8	1 0	Almy & the	
-						. / //	WUI

District of the latest and the the second of the second of the same was the person of the The said the - massa 17 E. Centrais et repulcers, that not use on any